

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

3816

Registrar's No.

620

Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
2347 Utica  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Jane Redmond  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased March 12, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 7 21 hr. min.

9. Birthplace Pittsburgh, Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
12. Name Robert Wilson  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Robinson  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Stevick

(b) Address Joplin, Missouri

17. (a) removal (b) Date thereof 11/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas, Oklahoma

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 11-3-43 (b) Quintus Sudhalter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Oklahoma (b) County Custer  
(c) City or town Thomas  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Sept 10  
1943, to Oct 30 1943  
that I last saw him alive on Oct - 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage  
Hypertension  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Shaw (M. D. or other)

Address 31890 Ralston Road Date signed 11/5/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

43-11-971

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with  
—the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.